SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 4. The issue and acceptance of this is form by instrained companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 13/02/2023 10:42 (SGT) Reported by Driver Date of Accident 10/02/2023 13:45 (SGT) Exact Location of Accident Near 51 Old Airport Rd, Singapore 390051 Additional Location Information OLD AIRPORT ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD4678Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SAB LOGISTICS PTE LTD Company Reg No 200403878N Email Address services@sablogistics.com.sg Mobile Phone No (Phone) +65-62659370 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Cabstar Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only

Vehicle Category Commercial vehicle Transmission Manual CC 2953

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05014154

DRIVER

Name of Driver JNG CHEOW HIN(ZHUANG SHAO XING) NRIC No S7124690F Date Of Birth 10/07/1971 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/06/1993 29 YEARS AND 8 MONTHS Male (Phone) +65-90535692 - services@sablogistics.com.sg BLK 90A JALAN SATU #09-38 - 391090 No Employee No						
GENERAL INFORMATION OF THE ACCIDENT							
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry						
OTHER INFORMATION							
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement							
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -						
CIRCUMSTANCES OF ACCIDENT							
I WAS DRIVING ALONG OLD AIRPORT ROAD. TRAFFIC LIGHT COLLIDED INTO REAR OF VEHICLE B(SLM 2999 S).	TURN GREEN , I MOVE FORWARD AND ACCIDENTALLY						
ATTACHMENT(S)							
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No						
DETAILS OF OTHER VEHICLE PROPERTY 1							
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLM2999S -						

Private car

Accident report SS31232B0002

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	 			-
Address	 			_
Address complement		 		_
Postcode				_
Insurance Company Name		 		_
Nature Of Damage				_
Details of property damaged in accident				_
No. Of Passenger (Including Driver)				

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail. packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

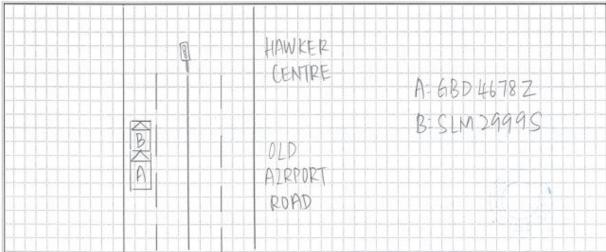
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

& Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



11 8 73 1323 KB.

Accident report SS31232B0002

Describe Circumstance of the Accident I was chiving along Old Airport Read. Trustic turn green, i mo	ove obrivard and
accidentally collided into year of vehicle B CSLM 2999 S).	
	9 %

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time M

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

















WAY ROCK



MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z22VC05014154

GST Reg No.: F0-0005635-C

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number / Chassis

NISSAN CABSTAR LORRY GBD4678Z / JN1SC2F24Z0856591

2. Name of Policy Holder

SAB LOGISTICS PTE LTD

Effective Date of the Commencement of insurance

for the purpose of the Act

29/10/2022

4. Date of Expiry of the Insurance

28/10/2023

Persons or Classes of Persons entitled to drive.

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USER FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PUPPPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess

: S\$600.00 (I) & OTHERS AS PER POLICY

Condition

: Accident repairs at Lonpac's Authorised Workshop or distributor-owned workshops

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE (Singapore Branch)

well.

User ID: STELLALAU Date Issued: 28/09/2022

SLNC

Certificate of Insurance - Page 1 of 1